The C/OH Instruction G	uide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE/ OFFICEHOLDER NAME	MS/MRS/MRD, FIRST  Richard  NICKNAME  LAST  NEW 40-2	MI	OFFICE USE ONLY  Date: Received  EEEVE
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address 5 CANDIDATE/	ADDRESS / PO BOX; APT / SUITE #;  (2 38 Holly Love, Called)  AREA CODE PHONE NUMBER	CITY: STATE: ZIP CODE	CITY SECRETARY'S OFFICE
OFFICEHOLDER PHONE  6 CAMPAIGN	(87) 329-01-	MI	Date Hand-delivered or Date Postmarked  Receipt # Amount S
TREASURER NAME	NICKNAME LAST Hendler	SUFFIX	Date Processed  Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	2100 the guicad Mend		ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER  ( \$17 ) \$21 -000	EXTENSION	
9 REPORT TYPE	January 15 30th day before	- Luggar Varia	15th day after campalgn treasurer appointment (Officeholder Only)  Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year	THROUGH 4	Day Year  2 b /2 = 19
11 ELECTION	Month Day Year Primary	Description	
12 OFFICE	OFFICE HELD (If any)	13 OFFICE SOUGHT (If know	m)
,	<b>G</b> O ТС	PAGE 2	

da Ololi Nices		*			
14 C/OH NAME	Zidzard	w. Newton 15	Filer ID (Ethics Commission Filers)		
16 NOTICE FROM POLITICAL SUPPORT THE CANDIDATE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE OF OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEGGE OR CONSENT, CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.					
	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL				
	SPECIFIC	COMMITTEE ADDRESS	·		
		COMMITTEE CAMPAIGN TREASURER NAME			
Additional Pages					
·		COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 CONTRIBUTION TOTALS	1. TOTAL P PLEDGE	OLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 190.00		
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3,500.00		
EXPENDITURE TOTALS	3. TOTAL P UNLESS	OLITICAL EXPENDITURES OF \$100 OR LESS, ITEMIZED	\$		
· • • • • • • • • • • • • • • • • • • •	4. TOTAL POLITICAL EXPENDITURES \$ 6,799.0				
CONTRIBUTION BALANCE	5. TOTAL PO OF REPO	DLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DATE	\$ 8,696.43		
OUTSTANDING LOAN TOTALS	6. TOTAL PI LAST DA	RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE Y OF THE REPORTING PERIOD	\$ 11,576.98		
18 AFFIDAVIT					
CHRISTINE LOVEN My Notary ID # 11092587 Expires May 2, 2022  I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.  Signature of Candidate or Officeholder					
AFFIX NOTARY STAMP/SEALABOVE					
Sworn to and subscribed before me, by the said RICHARD NEWTON, this the 210th					
day of April 20 19 to certify which, witness my hand and seal of office.					
Christine	Christine Loven Christine Loven Notary				
Signature of officer ad	lministering oath	Printed name of officer administering oath	Title of officer administering oath		

## SUBTOTALS - C/OH

19	FILER NAME		
	20 Filer ID (Ethics Co		
<u> </u>	( Church W. Newton		
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	3,400.5
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4.	SCHEDULE E: LOANS	\$	Ce.007
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ (	1,299-51
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	1
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	210'00
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$	
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	<del></del>
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	

MONE	TARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
Th	e Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAMI	Rishard W. Neuro	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	7 Amount of contribution (\$)
4(2/229	Am Ahams 6 Contributor address; City; State; Zip Code 5+09 RustaTrul Caragrile T2 7603+	259,00
Principal occ	upation / Job title (See Instructions)  9 Employer (See Ins	structions)
Date	Full name of contributor	Amount of contribution (\$)
4/8/299	Contributor address; City; State; Zip Code  896 Randol Mu Ave, Roande, 12 7626	2.00,00° S
Principal occu	pation / Job title (See Instructions) Employer (See Inst	
Date	1	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions) Employer (See Inst	tructions)
Date	Full name of contributor	_) Amount of contribution (\$)
12019	Contributor address; City; State; Zip Code  2205 Collins Path, Concyville TX 7603+	2,500.00
Principal occup	pation / Job title (See Instructions) Employer (See Inst	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS	NEEDED

### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 7 Amount of contribution (\$) 100,00 7001 westrand Dire College Le TR 7434 8 Principal occupation / Job title (See Instructions) Full name of contributor ut-of-state PAC (ID#:\_ Date Amount of contribution (\$) David and Sherran Washington Contributor address; City; State; Zip Code Z90,00 7300 the Ct., Concyrille TX 7 work Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor ut-of-state PAC (ID#; Amount of contribution (\$) Contributor address: City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor ut-of-state PAC (ID#: Amount of contribution (\$) Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

#### LOANS SCHEDULE E The Instruction Guide explains how to complete this form. 1 Total pages Schedule E: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Richard W. Newton 4 TOTAL OF UNITEMIZED LOANS Date of loan 7 Name of lender out-of-state PAC (ID#:\_\_ 9 Loan Amount (\$) R. Lender address; City; State; Zip Code 41912=19 ₹90.00 ls lender 10 Interest rate a financial Institution? (208 Holly Lave Collegions, TX 76034 11 Maturity date 12 Principal occupation / Job title (See Instructions) 13 Employer (See Instructions) 14 Description of Collateral 15 Check if personal funds were deposited into political account (See Instructions) none 16 GUARANTOR 17 Name of guarantor 19 Amount Guaranteed (\$) INFORMATION 18 Guarantor address; City; State; Zip Code not applicable 20 Principal Occupation (See Instructions) 21 Employer (See Instructions) Date of loan Name of lender Loan Amount (\$) out-of-state PAC (ID#:\_ is lender Interest rate Lender address; City: State; Zip Code a financial Institution? Maturity date Υ Ν Principal occupation / Job title (See Instructions) Employer (See Instructions) Description of Collateral Check if personal funds were deposited into political account (See Instructions) none GUARANTOR Name of guarantor Amount Guaranteed (\$) INFORMATION Guarantor address; City; State; Zip Code not applicable Principal Occupation (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

## POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Conlibutions/Donations Made By
Candidate/Officeholder/Political Committee
Grafit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundralsing Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 41912519 Can: Dean Media 6 Amount (\$) City; State; Zip Code 7 Payee address: 885 Coleman Blub + 215 Frico, TZ 75034 500.00 (a) Category (See Categories listed at the top of this schedule) 8 (b) Description Check if Iravel outside of Texas. Complete Schedula T. **PURPOSE** OF Light Check if Austin, TX, officeholder living expense Advertising Expense **EXPENDITURE** 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name Francisco Cuevas 4/12/19 Amount (\$) City; State; Zip Code 1526 Hybrard Oder Or, Keller, TR 7624 16000 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Advetising Expone Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Рауее лате Date JTD Strutegies LLC 41716 Amount (\$) Payee address; City; State: Zip Code 2028 E. Ben White Blub #240-1773, Avstri, TX 7874 5.636 .51 Category (See Categories listed at the top of this schedule) PURPOSE Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Printing / Advertising Expense

Complete ONLY if direct

expenditure to benefit C/OH

Office sought

Candidate / Officeholder name

Office held

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Selaries/Wages/Contract Labor Solicitation/Fundralsing Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out Of District
Other (enter a category not listed above)

Candidate/Officeholder/Political Committee Other (enter a category not listed above) Credit Card Payment The instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Richard W. Newton 5 Payee name 十にくら Pay Pal 6 Amount (\$) 7 Pavee address: City; State; Zip Code 12.50 www. Pay Pal.com (a) Category (See Categories listed at the top of this schedule) 8 (b) Description Check if travel outside of Texas, Complete Schedule T. PURPOSE OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Fees Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name Amount (\$) Payee address: City; State; Zip Code Category (See Categories listed at the top of this schedule) Description PURPOSE Check if travel outside of Texas, Complete Schedule T. OF Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Complete ONLY if direct Office held Office sought expenditure to benefit C/OH Payee name Date Amount (\$) Payee address; City; State; Zip Code Category (See Categories listed at the top of this schedule) Description PURPOSE Check If travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

## **EXPENDITURES MADE BY CREDIT CARD**

### SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic	Food/Beverage Expense gift/Awards/Memorials Expense Legal Services	Politice Overnead/Hental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Transportation Equipment & Related Expens Travel In District Travel Out Of District Other (enter a category not listed above)
	The Instruction Guide explain	ns how to complete this form.	care (care; a caregory not rated above)
1 Total pages Schedule F4:	2 FILER NAME  (C. chard (1) pre-	سلمب	3 Filer ID (Ethics Commission Filers)
	IZED EXPENDITURES CHARGED		\$
5 Date	6 Payee name	<del></del>	
4191229	Cari, Dear Media		
7 Amount (\$)	8 Payee address; City; State;		
500.00	# LUIE NOMSIES 7888	215 Fris, TX	52034
9 TYPE OF EXPENDITURE	Political	Non-Political	
10	(a) Category (See Categories listed at the top of this	s schedula) (b) Descriptio	D C
PURPOSE			travel outside of Texas. Complete Schedule T.
OF EXPENDITURE		· · · · · · · · · · · · · · · · · · ·	f Austin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address; City; State; 2	Zip Code	
TYPE OF EXPENDITURE	Political	Non-Political	
	Category (See Categories listed at the top of this	,	
PURPOSE OF EXPENDITURE		<del></del>	avel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEE	DED

	<del>_</del>		
The C/OH Instruction C	Guide explains how to complete this form.	1 Fifer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE/ OFFICEHOLDER NAME	MS/MRS/MD/ FIRST	MI ( , )	OFFICE USE ONLY
	NICKNAME (Cichard LAST)	SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING	ADDRESS / PO BOX; APT / SUITE #; C	SITY; STATE; ZIP GODE	APR 02 2019
ADDRESS  Change of Address	1298 Holy Love, Coney	ile, (x 100 st	CITY SECRETARY'S OFFICE
5 CANDIDATE/ OFFICEHOLDER	AREA CODE PHONE NUMBER  ( 817 ) 3 25 - 2100	EXTENSION	//: 25pm-cmL Date Hand-delivered or Date Postmarked
PHONE 6 CAMPAIGN	(817) 329-0100 MS/MRS/MD FIRST	MI	Receipt # Amount \$
TREASURER NAME	NICKNAME LAST		Date Processed
	Hendler		Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUI		ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (817) 821-0007	EXTENSION	
9 REPORT TYPE	January 15 30th day before ele		15th day after campaign treasurer appointment (Officeholder Only)
	July 15 8th day before elect	tion Exceeded \$500 limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year	THROUGH A	Day Year  2 / 2 > 19
11 ELECTION	ELECTION DATE  Month Day Year   Primary	ELECTION TYPE Runoff Other	
	Month Day Year IX Primary  5 / 4 / 2019	Description  Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
	Maps	Major	
	go то ғ	PAGE 2	

14 C/OH NAME		15	Filer ID (Ethics Commission Filers)	
	Sichard W	Newton	, , , , , , , , , , , , , , , , , , , ,	
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.			
	COMMITTEE TYPE	COMMITTEE NAME		
10	GENERAL			
	SPECIFIC	COMMITTEE ADDRESS		
		COMMITTEE CAMPAIGN TREASURER NAME		
Additional Pages				
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS		OLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 275.00	
	l .	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5275.00	
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED  \$ 29-98			
	4. TOTAL	POLITICAL EXPENDITURES	\$ 4122.78	
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DA	* 7874.10	
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THI Y OF THE REPORTING PERIOD	\$ 11,076.9 <b>&amp;</b>	
18 AFFIDAVIT				
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.  Wy Notary ID # 11092587 Expires May 2, 2022  Signature of Candidate or Officeholder				
Signature of Carlandate of Carlandate of Carlandate				
AFFIX NOTARY STAMP / SEALABOVE				
Sworn to and subscribed before me, by the said KICHARD New-ton, this the 2ND				
day of HPRI , 20 17, to certify which, witness my hand and seal of office.				
Signature of officer a	dministering oath	Printed name of officer administering oath	Title of officer administering oath	
eignature of omoor er	iototnig comi			

## SUBTOTALS - C/OH

19 FILER NAM	ME.	20 Filer ID (Ethics Cor	nmissi	on Filers)
	Verhard W Newton			
21 SCHEDULI NAME OF S	E SUBTOTALS . SCHEDULE			SUBTOTAL AMOUNT
1.	SCHEDULEA1: MONETARY POLITICAL CONTRIBUTIONS		\$	5000,00
I —	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3. <u></u> s	SCHEDULEB: PLEDGED CONTRIBUTIONS		\$	
4. 📝 S	SCHEDULE E: LOANS		\$	دح. مادما 2
5. S	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$	1516,67
6. S	CHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7. S	CHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL (	CONTRIBUTIONS	\$	
8. 🔽 s	CHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ -	2576.22
9. S	CHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	IDS	\$	******
10. S	CHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$	
11. S	CHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$	
12. SC	CHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTI ETURNED TO FILER	ONS	\$	

### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 5 Full name of contributor \_\_ out-of-state PAC (ID#:\_ 7 Amount of contribution (\$) Samuel Von Beser 6 Contributor address; City; State; Zip Code 2/3/9 500,00 4105 Crest Ct., Cakeyillo, TR 76034 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor out-of-state PAC (ID#: Date Amount of contribution (\$) Rank Ksether Contributor address; City; State; Zip Code 3/7/19 1000.00 6808 Mystic Woods Lry Colleguillo, TR 76034 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#:\_\_\_\_ Amount of contribution (\$) Judy Chappell Contributor address; City; State; Zip Code 3/14/19 250,00 1216 Glade Rd, Callejulle, TX 26084 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Amount of contribution (\$) Kathy Wheat Campaig N Contributor address; City; State; Zip Code 3/16/19 7.00,00 206 Colden Ct. Collegicht TR 76034 Employer (See Instructions) Principal occupation / Job title (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONE	TARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The	e Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 2/4
2 FILER NAME	where w. Newton	3 Filer ID (Ethics Commission Filers)
4 Date 3/16/19	5 Full name of contributor   out-of-state PAC (ID#: Stephen and Tuile wathers) 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$)
8 Principal occu	216 Duns Tew Path Colleges later 26	
6 Findparocci	upation / Job title (See Instructions)  9    Employér (See In	istructions)
Date	Full name of contributor	Amount of contribution (\$)
3lzealq	Contributor address; City; State; Zip Code  7399 Balmaral Dr. Collegicale TR 7603+	500,00
Principal occup	pation / Job title (See Instructions) Employer (See Ins	<u>l</u>
Date	Full name of contributor	Amount of contribution (\$)
3/24/9	David and Nancy Groves  Contributor address; City; State; Zip Code  5702 Ponderosa Cokeyrile The 26034	(00,00
Principal occup	pation / Job title (See Instructions) Employer (See Ins	etructions)
Date	Full name of contributor	
312/19	Contributor address; City; State; Zip Code  ZUZ Independence RAC ollegalle TR 20	500.00
Principal occup	ation / Job title (See Instructions) Employer (See Ins	structions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS If contributor is out-of-state PAC, please see Instruction guide for addition	

MONE	TARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The	e instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 3/+
2 FILER NAME	Ruhad w. Newtor	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	7 Amount of contribution (\$)
3/24/19	6 Contributor address; City; State; Zip Code 1210 Hally Lane, Collegistle, TR 76074	00.001
8 Principal occi	upation / Job title (See Instructions)  9 Employer (See Instructions)	tions)
Date	Full name of contributor	Amount of contribution (\$)
312=19	Contributor address; City; State; Zip Code	500.00
Principal occup	pation / Job title (See Instructions)  Employer (See Instructions)	ions)
Date	Full name of contributor	Amount of contribution (\$)
312*19	Contributor address; City; State; Zip Code	ca, 02 S
Principal occup	pation / Job title (See Instructions)  Employer (See Instructions)	ions)
Date	Full name of contributor	Amount of contribution (\$)
3125719	Tohn and Kelly Cottan  Contributor address; City; State; Zip Code  4512 Lakeside Dr., Colleguick R 76034	300,00
Principal occup	pation / Job title (See Instructions)  Employer (See Instructions)	ons)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NE	

MONE	TARY POLITICAL CONTRI	BUTIONS	SCHEDULE A1
Th	e instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1: も/よ
2 FILER NAME	Richard W Newton	1	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC	> (ID#:)	7' Amount of contribution (\$)
3124119	6 Contributor address; City; State		100,00
8 Principal occi	317 Chertrust Bend, Concerning	9 Employér (See Instruc	tions)
Date	Full name of contributor out-of-state PAC	; (ID#:)	Amount of contribution (\$)
3124115	Contributor address; City; State	ı; Zip Code	100,00
	5013 Stoneordge Dr. Congret	45C9( 81,0	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)
Date	Full name of contributor out-of-state PAC		Amount of contribution (\$)
37/19	Muhael Surtain Contributor address; City; State; 7113 Cedur Court College		500.00
Principal occur	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor 🔲 out-of-state PAC	(ID#:)	Amount of contribution (\$)
	Contributor address; City; State;	; Zip Code	
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)
	ATTACH ADDITIONAL COPIES OF if contributor is out-of-state PAC, please see instru		

LOANS			SCHEDULE E
The	Instruction Guide explains how to comp	plete this form.	1 Total pages Schedule E:
2 FILER NAME	Richard W. Newton	l. 	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF U	NITEMIZED LOANS		\$
5 Date of loan	7 Name of lender ☐ out-of-state	e PAC (ID#:)	9 Loan Amount (\$)
217/19	Richard Newson		2606.20
6 Is lender a financial	8 Lender address; City;	State; Zip Code	10 Interest rate
Institution?	(298 Holly Land, College, 14	1cs Sro 37	11 Maturity date
12 Principal occupati	.l ion / Job title (See Instructions)	13 Employer (See Instructions)	
14 Description of Coll	lateral	15 Check if personal funds were account (See Instructions)	deposited into political
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
		State; Zip Code	
not applicable		24	
20 Principal Occupat	non (See instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender	e PAC (ID#:)	Loan Amount (\$)
ls lender a financial	Lender address; City;	State; Zip Code	Interest rate
Institution?		J	Maturity date
Principal occupation	l on / Job title (See Instructions)	Employer (See Instructions)	
Description of Colla	ateral	Check if personal funds were account (See Instructions)	deposited into political
GUARANTOR INFORMATION	Name of guarantor	, same	Amount Guaranteed (\$)
		State; Zip Code	
not applicable	on (See Instructions)	Employer (See Instructions)	
	on (see manuchous)	Employer (See Instructions)	
If le	ATTACH ADDITIONAL CO	PPIES OF THIS SCHEDULE AS NE	

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F1

### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

The Instruction Guide explains how to complete this form.

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

	<u>,                                      </u>		T	
1 Total pages Schedule F1:	2 FILER NAME Ruhard w. Newton		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name			
3/7/2019	JTD Strategies LLC		,	
6 Amount (\$)	7 Payee address; City; State; Zip Code			
,,				
7 ط.ماعا ارا	2028 E. Bon white Blod, Aust	um 12 1814	· <b>\</b>	
8	(a) Category (See Categories listed at the top of this schedule) (b) Description			
PURPOSE		Check if Austin, TX, officeholder living expense		
OF EXPENDITURE	Consulting expense			
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
3/14/2019	Francisco Cuerras			
Amount (\$)	Payee address; City; State; Zip Code			
ca,07 E	(526 Highland Oaks Dr., K	-eller, TX 74	,248	
	Category (See Categories listed at the top of this schedule)	Description	V.	
PURPOSE		Check if travel out	tside of Texas. Complete Schedule T.	
OF EXPENDITURE	Advertisy Exerse Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
Amount (\$)	Payee address; City; State; Zip Code			
	,			
· <del>-</del> · · · · · · · · · · · · · · · · · · ·	Category (See Categories listed at the top of this schedule)	Description		
DURROSE	Odtegory (ase datagories listed at the top of this solitedule)	Description Check if travel outs	side of Texas, Complete Schedule T.	
PURPOSE OF		i	TX, officeholder living expense	
EXPENDITURE		Great if reading	17, Ullius older living expenses	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
	ATTACH ADDITIONAL CODIES OF THIS	POHEDIII E AR NEE	DED	

### **EXPENDITURES MADE BY CREDIT CARD**

### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Event Excense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundralsing Expense Accounting/Banking Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Contributions/Donations Made By Polling Expense Travel In District Printing Expense Travel Out Of District Salaries/Wages/Contract Labor Candidate/Officeholder/Political Committee Other (enter a category not listed above) Legal Services The instruction Guide explains how to complete this form. 1 Total pages Schedule F4: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Ruhard in Neurton 1/2 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO ACREDIT CARD \$ 5 Date 6 Payee name Dar Woll Inc DBA Deligner Graphics 318119 City; State; Zip Code 7 Amount (\$) 12404 they 155 som, Tyler, TX 25703 1,115.54 TYPE OF Political Non-Political EXPENDITURE 10 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. Adverting - signi Check if Austin, TX, officeholder living expense EXPENDITURE 11 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date るんと人ら Pront Place Amount (\$) Payee address; City; State; Zip Code 1110 Avenue H total , Arrive son, TR 7001 80.05 TYPE OF Political Non-Political **EXPENDITURE** Description Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. PURPOSE OF Check if Austin, TX, officeholder living expense EXPENDITURE Adverting Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

### **EXPENDITURES MADE BY CREDIT CARD**

SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

Advertising Expense Accounting/Banking

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic	al Committee Legal Services	Polling Expense Printing Expense Salaries/Wages/Contract Labor,	Travel In District Travel Out Of District Other (enter a category not listed above)		
	The Instruction Guide explain	is how to complete this form.			
1 Total pages Schedule F4:	2 FILER NAME Ruhard w New-	for	3 Filer ID (Ethics Commission Filers)		
4 TOTAL OF UNITEM	IIZED EXPENDITURES CHARGED	TO A CREDIT CARD	\$		
5 Date	6 Payee name	<u></u>			
411/19	JG Media / Community Impact Newspaper  8 Payee address; City; State; Zip Code				
7 Amount (\$)					
790.00	3600 E falm Valley Blud, Box#3, Round Rock, TR 78665				
9 TYPE OF EXPENDITURE	Political	Non-Political			
10	(a) Category (See Categories listed at the top of this	s schedule) (b) Descripti	ion		
PURPOSE OF		Check	if travel outside of Texas, Complete Schedule T.		
EXPENDITURE	Adorting	Check	tif Austin, TX, officeholdar living expense		
11 Complete ONLY if direct expenditure to benefit C/Of	Gandidate / Officeholder name H	Office sought	Office held		
Date	Payee name				
Amount (\$)	Payee address; City; State;	Zip Code			
TYPE OF EXPENDITURE	Political	Non-Political			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this	Check	ion if travel outsida of Texas. Complete Schedule T. if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OF	Gandidate / Officeholder name	Office sought	Office held		
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NE	EEDED		

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The C/OH Instruction	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:	
3 CANDIDATE/ OFFICEHOLDER NAME	MS/MRS/MADO FIRST  PLANT  NICKNAME LAST  NEW + SA	MI (	OFFICE USE ONLY	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  Change of Address	ADDRESS / PO BOX; APT / SUITE #; (2008 Holly Lane Collegio	CITY; STATE; ZIP CODE	CITY SECRETARY'S OFFICE	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER  (817) 329-5190	EXTENSION	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS/MRSCAD FIRST Pulced NICKNAME LAST HENGLER	SUFFIX	Pate Processed  Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APT/SI		ZIP CODE	
8 CAMPAIGN TREASURER PHONE	AREA GODE PHONE NUMBER	EXTENSION		
9 REPORTTYPE	July 15 30th day before elect		15th day after campaign treasurer appointment (Officeholder Only)  Final Report (Attach C/OH - FR)	
10 PERIOD COVERED	Month Day Year	THROUGH 12/	Day Year	
11 ELECTION	ELECTION DATE  Month Day Year Primary  General	ELECTION TYPE  Runoff Other Description  Special		
12 OFFICE	OFFICE HELD (If any)	13 OFFICE SOUGHT (if known)		
GO TO PAGE 2				

14 C/OH NAME Richard w. Newton			15 Filer ID (Ethics Commission Filers)	
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE OF OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.			
	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
	SPECIFIC	COMMITTEE ADDRESS		
	Daredino			
		COMMITTEE CAMPAIGN TREASURER NAME	: :::::::::::::::::::::::::::::::::::::	
Additional Pages				
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS		OLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ		
;		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0	
EXPENDITURE TOTALS			\$ Q	
	4. TOTAL I	\$ 0		
CONTRIBUTION BALANCE	5. TOTAL P	* 4.(15.77		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD  \$ \$4.79.78			
18 AFFIDAVIT	***			
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, blection Code.  Signature of Candidate or Officeholder				
AFFIX NOTARY STAMP, / SEALABOVE				
Swam to and subscribed before the body of Real And Alexandra				
Sworn to and subscribed before me, by the said KICHARD NEWTON, this the 14th day of January, 2019, to certify which, witness my hand and seal of office.				
to certify which, withess my hand and sear of office.				
(hristene	Toven	Christine Loven	Notary	
Signature of officer ac	Iministering oath	Printed name of officer administering oath	Title of officer administering oath	